



P.O. Box 12076 Austin, Texas 78711 ♦ (877) 542-2474 ♦
 Hearing impaired: (800) 735-2988 voice ♦ (800) 735-2989 (TTY)
 www.TexasAgriculture.gov

Texas Department of Agriculture
Technician Exam Application to Add a Category

SPT-415

COMMISSIONER SID MILLER

| | | | | |
|---|---|------------|---------------------|-------------|
| SECTION A | ¹ LICENSE TYPE (PLEASE CHECK ONE – NO FEE REQUIRED) | | TDA USE ONLY | |
| | <input type="checkbox"/> Commercial | | Client No. | Account No. |
| | <input type="checkbox"/> Noncommercial | | | |
| | <input type="checkbox"/> Noncommercial Political (Govt. or School) | | Date | Initials |
| My spouse is an active duty service member.* <input type="checkbox"/> Yes <input type="checkbox"/> No | | MM/DD/YYYY | | |

| | | | | |
|------------------|--|-------|-----------|--------|
| SECTION B | ¹ APPLICANT INFORMATION **REQUIRED** | | | |
| | Current Technician License Number: | | | |
| | First Name (Legal Name) | M. I. | Last Name | Suffix |

NOTE: You must be CURRENTLY registered with the Business/Employer below in order to test.

| | | |
|------------------|---|--------|
| SECTION C | ¹ EMPLOYER INFORMATION **REQUIRED** | |
| | Business Name | TPCL # |

| | | | |
|------------------|---|--|--|
| SECTION D | ¹ CATEGORY TRAINING **REQUIRED** | | |
| | I certify that I have provided the training as listed out on Rule §7.133 for the Technician of this application. The Technician has been trained in the following categories to take the examination: | | |
| | ² CATEGORY(S) WHICH TECHNICIAN WAS TRAINED (PLEASE SELECT CATEGORY(S) BELOW) | | |
| | <input type="checkbox"/> Pest | <input type="checkbox"/> Lawn and Ornamental | <input type="checkbox"/> Commodity Fumigation |
| | <input type="checkbox"/> Termite | <input type="checkbox"/> Weed | <input type="checkbox"/> Structural Fumigation |
| | <input type="checkbox"/> Wood Preservation | | |
| | ³ SIGNATURE | | |
| | Printed Name and License Number of Responsible CA | Signature of Responsible CA | |

| | |
|------------------|--|
| SECTION E | ¹ SIGNATURE **REQUIRED** |
| | The applicant and the businesses' responsible certified applicator, through their signatures below and in section D, (1) certifies that all information provided in or in connection with this application is true and correct; (2) acknowledges that any misrepresentation or false statement made by the applicant, or the applicant's employer, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent of the applicant or employer, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant. |

* Pursuant to Section 55.005 of the Texas Occupations Code.

Applicant Name _____

| | | |
|--|--------------------------------------|--------------------|
| | Name of Technician Applicant (print) | Date MM/DD/YYYY |
| | Signature of Technician Applicant | |

EMAIL COMPLETED FORM TO eligibility@texasagriculture.gov